

# Hospital Fees

In compliance with state law, The Ohio State University Wexner Medical Center is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should learn more about the financial aid options available on the Medical Center's website.

ROOM AND BOARD — PER DAY CHARGES		CHARGE
MEDICAL SURGICAL		
SEMI-PRIVATE		\$1,678.00
PRIVATE		\$1,678.00
REHABILITATION		\$1,958.00
INTERMEDIATE (STEP DOWN)		\$3,194.00
ICU		\$4,773.00
PSYCHIATRIC CARE		
ADULT PSYCHIATRIC		\$3,269.00
CHILD/ADOLESCENT PSYCHIATRIC		\$3,269.00
NURSERY		
GENERAL NURSERY		\$2,432.00
NEONATAL INTENSIVE CARE		\$4,520.00

## Labor and Delivery Charges

The following list does not include charges for anesthesia, drugs or supplies required for a particular delivery-room procedure. Fees for physician services or anesthesia administration are also not reflected.

LABOR AND DELIVERY		CHARGE
NORMAL DELIVERY		
VAGINAL BIRTH		\$3,920.00
AMNIOCENTESIS		
AMNIOCENTESIS		\$927.00

## Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with level 1 representing basic emergency care, reflect the type of accommodations needed, the personnel resources, the intensity of care and the amount of time needed to provide treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians.

EMERGENCY DEPARTMENT		CHARGE
EMER RM SERV-LEV 1		\$377.00
EMER RM SERV-LEV 2		\$725.00
EMER RM SERV-LEV 3		\$1,327.00
EMER RM SERV-LEV 4		\$2,071.00
EMER RM SERV-LEV 5		\$3,076.00
CRITICAL CARE		\$5,617.00

## Operating Room Charges

Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation. There is an initial, set-up charge as well as additional charges for additional time while the operation is being performed.

OPERATING ROOM	CHARGE
ANES 1ST 30 MINUTES	\$390.00
ANES EACH ADDL 15 MINUTES	\$196.00
OR LEVEL I 0-30 MIN	\$2,887.00
OR LEVEL I EA ADDL 15 MIN	\$1,443.00
OR LEVEL II 0-30 MIN	\$3,559.00
OR LEVEL II EA ADDL 15 MIN	\$1,779.00
OR LEVEL III 0-30 MIN	\$3,962.00
OR LEVEL III EA ADDL 15 MIN	\$1,981.00
OR LEVEL IV 0-30 MIN	\$5,559.00
OR LEVEL IV EA ADDL 15 MIN	\$2,781.00
OR LEVEL V 0-30 MIN	\$5,869.00
OR LEVEL V EA ADDL 15 MIN	\$2,935.00

## Physical Therapy Charges

The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.

PHYSICAL THERAPY	CPT CODE	CHARGE
PT EVALUATION	97001	\$316.00
PT RE-EVALUATION	97002	\$200.00
THERAPEUTIC ACTIVITIES DIRECT EACH 15 MIN	97530	\$161.00
NEUROMUSCULAR RE-EDUCATION EACH 15 MIN	97112	\$137.00
MANUAL THERAPY TECHNIQUES EACH 15 MIN	97140	\$154.00
THERAPEUTIC EXERCISES ROM & FLEXIBILITY EACH 15 MIN	97110	\$137.00

## Occupational Therapy Charges

The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.

OCCUPATIONAL THERAPY	CPT CODE	CHARGE
OT EVALUATION	97003	\$277.00
OT RE-EVALUATION	97004	\$230.00
ULTRASOUND EA 15 MIN BY OT	97035	\$137.00
WHEELCHAIR MGMT EACH 15 MIN BY OT	97542	\$125.00
MANUAL THERAPY TECHNIQUES EACH 15 MIN BY OT	97140	\$154.00
COGNITIVE SKILLS DEV DIRECT EACH 15 MIN BY OT	97532	\$76.00

## Pulmonary Therapy Charges

The following charges reflect the most common services offered by our Pulmonary Therapy department. Patients may have additional charges, depending on the services performed.

RESPIRATORY / PULMONARY	CPT CODE	CHARGE
SPIROMETRY VITAL CAPACITY W/ OR W/O MAXIMAL VOLUNTARY VENTILATION	94010	\$533.00
DIFFUSING CAPACITY	94729	\$427.00
PULMONARY FUNCTION TEST PLETHYSMOGRAPHY	94726	\$383.00

PULMONARY STRESS TEST SIMPLE (6 MIN WALK)	94620	\$419.00
VITAL CAPACITY TOTAL	94150	\$189.00
PUMONARY STRESS TEST COMPLEX	94621	\$1,637.00

## X-ray and Radiological Charges

The following charges reflect the hospital's 30 most common X-ray and radiological procedures.

RADIOLOGY PROCEDURES	CPT CODE	CHARGE
RADIOLOGY EXAM ABDOMEN COMPLETE W/ DECUBITUS OR ERECT VIEWS	74020	\$598.00
RADIOLOGY EXAM ABDOMEN SINGLE AP VIEWS	74000	\$421.00
RADIOLOGY EXAM ANKLE COMPLETE MIN 3 VIEWS	73610	\$496.00
RADIOLOGY EXAM CERVICAL SPINE 2 OR 3 VIEWS	72040	\$594.00
RADIOLOGY EXAM CERVICAL SPINE 4 OR 5 VIEWS	72050	\$728.00
RADIOLOGY EXAM CERVICAL SPINE 6 OR MORE VIEWS	72052	\$850.00
RADIOLOGY EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	\$659.00
RADIOLOGY EXAM ELBOW COMPLETE MIN 3 VIEWS	73080	\$515.00
RADIOLOGY EXAM ESOPHAGUS	74220	\$812.00
RADIOLOGY EXAM FEMUR 2 VIEWS	73550	\$365.00
RADIOLOGY EXAM FEMUR MINIMUM 2 VIEWS	73552	\$365.00
RADIOLOGY EXAM FOOT COMPLETE MIN 3 VIEWS	73630	\$486.00
RADIOLOGY EXAM FOREARM 2 VIEWS	73090	\$290.00
RADIOLOGY EXAM HAND 2 VIEWS	73120	\$205.00
RADIOLOGY EXAM HAND MIN 3 VIEWS	73130	\$219.00
RADIOLOGY VENOGRAPHY ADRENAL UNILATERAL	75840	\$3,289.00
RADIOLOGY EXAM HIP W/ PELVIS WHEN PERFORMED UNILATERAL 2-3 VIEWS	73502	\$356.00
RADIOLOGY EXAM HUMERUS MIN 2 VIEWS	73060	\$508.00
RADIOLOGY EXAM KNEE 1 OR 2 VIEWS	73560	\$316.00
RADIOLOGY EXAM KNEE 3 VIEWS	73562	\$425.00
RADIOLOGY EXAM KNEE COMPLETE 4 OR MORE VIEWS	73564	\$485.00
RADIOLOGY EXAM LUMBOSACRAL SPINE 2 OR 3 VIEWS	72100	\$208.00
RADIOLOGY EXAM LUMBOSACRAL SPINE MIN 4 VIEWS	72110	\$923.00
RADIOLOGY EXAM PELVIS 1 OR 2 VIEWS	72170	\$505.00
RADIOLOGY EXAM RIBS UNILATERAL 2 VIEWS	71100	\$518.00
RADIOLOGY EXAM SACROILIAC JOINT < 3 VIEWS	72200	\$417.00
RADIOLOGY EXAM SHOULDER COMPLETE MIN 2 VIEWS	73030	\$519.00
RADIOLOGY EXAM THORACIC SPINE 3 VIEWS	72072	\$688.00
RADIOLOGY EXAM TIBIA FIBULA 2 VIEWS	73590	\$427.00
RADIOLOGY EXAM WRIST COMPLETE MIN 3 VIEWS	73110	\$243.00

## Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures.

LAB PROCEDURES	CPT CODE	CHARGE
HEPATIC FUNCTION PANEL	80076	\$223.00
CBC EDIFF & PLATELET	85025	\$101.00
BLOOD GAS; ANY COMBINATION PH, PCO2, PO2, CO2, HC03	82803	\$256.00
FLOW CYTOMETRY EA ADDL MARKER	88185	\$157.00
CBC & PLATELET	85027	\$74.00
THYROID STIMULATING HORMONE	84443	\$62.00
CREATININE; BLOOD	82565	\$41.00
SURG PATH LEVEL IV EXCEPT PROSTATE NEEDLE BIOPSY	88305	\$424.00
PTT; PLASMA OR WHOLE BLOOD	85730	\$94.00
UREA NITROGEN; QUAN	84520	\$41.00

MAGNESIUM	83735	\$73.00
AEROB BACTERIAL BLOOD CULTURE	87040	\$186.00
TROPONIN QUAN	84484	\$50.00
PROTHOMBIN TIME	85610	\$80.00
GLUCOSE; QUAN BLOOD	82947	\$50.00
LIPID PANEL	80061	\$47.00
COMPATIBILITY TEST; ELECTRIC	86923	\$150.00
RBC AB SCRIN; EA TECHIQ	86850	\$282.00
CALCIUM; IONIZED	82330	\$153.00
HGB; GLYCOSYLATED (A1C)	83036	\$54.00
IMMUNOHISTO/CYTO CHEM EACH ADDL SINGLE ANTIBODY STAIN	88341	\$315.00
SURG PATH LEVEL V	88307	\$621.00
VENIPUNCTURE	36415	\$50.00
PHOSPHATE INORGANIC	84100	\$55.00
CALCIUM; TOTAL	82310	\$47.00
URINE BACTERIA CULTURE	87088	\$46.00
NATRIUERETIC PEPTIDE	83880	\$145.00
DRUG/SUBSTANCE NOS 7 OR MORE	G0480	\$615.00
LACTATE (LACTIC ACID)	83605	\$155.00
ASSAY OF SIROLIMUS	80195	\$78.00